24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
People for Pinellas	
	C C00582239
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Election Connections, Inc.	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P. O. Box 10866	Amount
City State Zip Code	3074.32
Tallahassee FL 32302	Transaction ID : SE.4388 Date of Disbursement or Obligation
Purpose of Expenditure telephone calls Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 13
Crist, Charlie Joseph, , ,	President Senate State:FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Ma Tan Address	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify) •
(a) SUBTOTAL of Itemized Independent Expenditures	3074.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3074.32
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	